

STUDY MAY EXPLAIN WHY BLACKS HAVE MORE CASES OF ADVANCED BREAST CANCER

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- [On the Web: Annals of Internal Medicine breast cancer study](#)

Minority women are less likely than white women to be adequately screened for breast cancer, a new study shows, and that disparity could account for why African Americans are more likely to be diagnosed with advanced-stage tumors and die from the disease.

The study, led by a University of California-San Francisco radiologist, looked at more than 1 million women over age 40 who had received mammograms between 1996 and 2000. The data shows African Americans, Hispanics, Asians and Native Americans are less likely than white women to get mammograms every one to two years, as recommended.

It is the first research to directly link the pattern of how regularly a woman gets a mammogram with the stage of tumors at the time she's diagnosed. Researchers hope to use the study to generate more targeted screening for minorities.

"I think we've been a little complacent because we thought disparity was no longer a persistent issue," said lead author Rebecca Smith-Bindman, associate professor of radiology at UCSF.

Of the million-plus women screened, 17,558 were diagnosed with breast cancer. The researchers evaluated whether overall and advanced cancer rates were similar across racial and ethnic groups, and whether these rates were affected by the use of mammography.

"It turns out all racial minorities were inadequately screened," Smith-Bindman said.

Compared with 72 percent of white women, only 63 percent to 68 percent of African-American, Hispanic, Asian and Native American women were frequently screened.

African-American, Hispanic and Asian women were more likely to have their first mammogram because of a physical examination finding or breast cancer symptom.

Of those with cancer, 18 percent of white women compared with 35 percent of African-American women had not received recommended breast cancer screening every one to two years. Hispanic women also had longer intervals between mammograms and, like African Americans, were more likely than white women to have advanced-stage tumors at diagnosis and to die of breast cancer.

Although Asian and Native American women had fewer mammograms than white women, they also had significantly lower rates of cancer and large, advanced-stage tumors. If these two groups of women were screened regularly, Smith-Bindman said, their outcomes could improve even more.

The findings, published this week in the journal *Annals of Internal Medicine*, contradict widely used government health surveys that show only small differences in mammography use between white and non-white women.

Those surveys are based on self-reported information, while this latest study relied on records from seven mammography registries -- San Francisco, Seattle, Colorado, Vermont, New Hampshire, North Carolina and New Mexico.

"This data is more valid," said Dr. Rachel Ballard Barbash, associate director of the Applied Research Program at the National Cancer Institute, which funded the study as well as one of the earlier self-reported surveys.

Still, there are important questions left unanswered.

For reasons that aren't understood, even African-American women who were screened on a recommended schedule tended to have higher-grade tumors.

And while the study sampled a wide swath of women, it did not control for income level and so it remains unclear whether women who lack health insurance are less likely to be screened.

Finally, the study did not address the estimated 30 percent of U.S. women who don't ever get mammograms.

"The most important predictor of whether a woman is going to get a mammogram is whether her doctor says to get one," Smith-Bindman said.

Dr. Susan Kutner, chair of Kaiser Permanente Northern California's breast care task force, said the study underscores the need for better outreach, both in doctors' offices and within communities.

Kaiser tracks which patients have been screened for serious diseases, such as breast cancer, and doctors are prompted to recommend mammograms during routine office visits to women over age 40. There's a more aggressive approach for women over age 50.

“If they've not had one within two years, we'll contact that woman and encourage her to come in,” Kutner said. “We may be able to influence the outcomes if we do more routine screening.”

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